

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



(916) 739-2501

March 16, 1990  
CMSP Letter 90-8

TO: All County Welfare Directors

SUBJECT: CMSP Notices of Action for Limited Scope of Benefits

This letter transmits to you one camera ready copy of 3 new County Medical Services Program (CMSP) Notices of Action to be used in conjunction with CMSP limited scope of benefits cases (Emergency Services only) for eligible persons whose immigration status has not been determined. The 3 notices are:

CMSP 239 P (1/90) - CMSP Notice of Action, Benefits Restricted To Emergency Medical Services

- CMSP 239 Q (1/90) - CMSP Notice of Action, Change From Restricted Services To Full Benefits

CMSP 239 S (1/90) - County Medical Services Program Application For Retroactive Emergency Medical Services.

Upon receipt of this letter, the county is responsible for the immediate reproduction of an adequate supply of each of these forms using the enclosed camera ready copies. Please note that those camera ready copies are only the front of these notices of action. Counties must include county specific appeals information on the reverse side. Spanish language versions of those forms are being prepared and will be sent to you when available.

Please contact Albert Cooper of the CMSP Unit, at (916) 739-3141 if you have any questions regarding this letter.

Sincerely

A handwritten signature in cursive script that reads "Jim Martinez".

Jim Martinez, Chief  
County Medical Services Program

Enclosures

cc: CMSP Contact Persons  
(w/o camera ready copies)

**CMSP NOTICE OF ACTION  
BENEFITS RESTRICTED TO EMERGENCY  
MEDICAL SERVICES**

COUNTY STAMP

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

District: \_\_\_\_\_

Restriction of Benefits for: \_\_\_\_\_

(names)

Effective \_\_\_\_\_ (month) you will begin receiving a County Medical Services Program (CMSP) card which will allow you to receive emergency medical services. Always present this card to your doctor or other provider when you request such services.

An emergency medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious disfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

- ☐ Your application for restricted benefits has been approved.
- ☐ Your application for full benefits is denied. You are granted, instead, eligibility for emergency medical treatment.

We are taking this action because you are an alien who:

- ☐ Is not legally present in the United States according to information received from the Immigration and Naturalization Service.
- ☐ Lacks documentary proof from the Immigration and Naturalization Service of a satisfactory immigration status for CMSP purposes.
- ☐ Has been admitted to the United States as a nonimmigrant for a limited period of time.
- ☐ Since your income was more than the amount allowed for living expenses, you must pay or obligate a share of cost of your medical care. Your share of cost is \$ \_\_\_\_\_ beginning \_\_\_\_\_ (month). Your share of cost was computed as follows:

|                      |          |
|----------------------|----------|
| Gross Income         | \$ _____ |
| Net Nonexempt Income | \$ _____ |
| Maintenance Need     | \$ _____ |
| Excess Income        | \$ _____ |
| Share of Cost        | \$ _____ |

Please follow the instructions on the reverse side of the RECORD OF HEALTH CARE COSTS. After that form has been completed and approved, you will receive your restricted services CMSP Card.

This action is required by California Code of Regulations, Title 17, Section 1498, et seq.

If you have any questions about this action, please write or telephone. We will answer you over the telephone, in writing, or we will make an appointment to see you in person.

You must report all changes in your immigration status to us. A change in status may qualify you to receive full CMSP benefits rather than just restricted services.

(Eligibility Worker)

(Phone)

(Date)

**PLEASE READ THE REVERSE SIDE OF THIS NOTICE.**

**CMSP NOTICE OF ACTION  
CHANGE FROM RESTRICTED SERVICES  
TO FULL BENEFITS**

COUNTY STAMP

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

District: \_\_\_\_\_

Approval For: \_\_\_\_\_

(names)

You are eligible effective \_\_\_\_\_ to receive all the services covered by the County  
(month)

Medical Services Program (CMSP) rather than just services restricted to treatment of an emergency medical condition. This change in scope of benefits results from the fact that:

- ☐ Proof has been received from the Immigration and Naturalization Service that you are an alien who has a satisfactory immigration status for CMSP purposes.
- ☐ You are an alien legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act.

You will receive a full coverage CMSP card soon. Always present this card to the doctor or any other provider when requesting medical services.

- ☐ Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$ \_\_\_\_\_ beginning \_\_\_\_\_ .  
(date)

Your share of cost was computed as follows:

|                      |          |
|----------------------|----------|
| Gross income         | \$ _____ |
| Net nonexempt income | \$ _____ |
| Maintenance need     | \$ _____ |
| Excess income        | \$ _____ |
| Share of cost        | \$ _____ |

Enclosed is a RECORD OF HEALTH CARE COSTS. Please follow the instructions on the reverse side of that form. A full coverage CMSP card will be issued to you after the form has been completed and approved.

This action is required by California Code of Regulations, Title 17, Section 1498, et seq.

\_\_\_\_\_  
(Eligibility Worker)\_\_\_\_\_  
(Phone)\_\_\_\_\_  
(Date)

**PLEASE READ THE REVERSE SIDE OF THIS NOTICE.**

(County Stamp)

**COUNTY MEDICAL SERVICES PROGRAM  
APPLICATION FOR RETROACTIVE  
EMERGENCY MEDICAL SERVICES**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

District: \_\_\_\_\_

Approval/Dental For: \_\_\_\_\_

(Names)

We have reviewed all the information in your case file which relates to your application for retroactive emergency medical services. Our findings are indicated below.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

- ☐ You are entitled to receive County Medical Services Program (CMSP) benefits restricted to emergency services for \_\_\_\_\_.

Since your income was more than the amount allowed for living expenses, you must pay or obligate a share of the cost of your medical care.

Month \_\_\_\_\_

Gross Income \$ \_\_\_\_\_

Net Nonexempt Income \$ \_\_\_\_\_

Maintenance Need \$ \_\_\_\_\_

Excess Income \$ \_\_\_\_\_

Share of Cost \$ \_\_\_\_\_

- ☐ Enclosed is a RECORD OF HEALTH CARE COSTS for the month listed. Please follow the instructions on the reverse side of that form. When each form has been completed and approved, a restricted services CMSP card will be issued to you for that particular month.
- ☐ You are not entitled to receive CMSP benefits restricted to emergency services for \_\_\_\_\_ for the following reasons: \_\_\_\_\_ (Month)

This action is required by California Code of Regulations, Title 17, Section 1498, et seq.

This action does not affect your application for current and continuing CMSP. If you have any questions or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions over the telephone, in writing, or will make an appointment to see you in person.

(Eligibility Worker)

(Telephone Number)

(Date)

**PLEASE READ THE REVERSE SIDE OF THIS NOTICE**